FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 10 PM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719891 (4)

1. Corporation Name

FLORIDA CHRISTIAN APARTMENTS, INC.

Principal Place of Business	Mailing Address
1115 S. EDGEWOOD AVENUE JACKSONVILLE FL 32205	1115 S. EDGEWOOD AVENUE JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1970
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-1737422 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D S ☒ Change ☒ Addition
NAME	~~COKER, JEAN~~	1.2 NAME	DELANY, CATHERINE
STREET ADDRESS	~~6622 SOUTHPOINT DR., S., SUITE 160~~	1.3 STREET ADDRESS	2442 Barlad Drive
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Fl. 32210
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, ROBERT E.	2.2 NAME	
STREET ADDRESS	1040 SOUTHSIDE BLVD, #1A	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, PEERY	3.2 NAME	
STREET ADDRESS	4581 SW PARKGATE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☒ Change ☐ Addition
NAME	MCCUTCHEON, BILL	4.2 NAME	
STREET ADDRESS	~~2411 NW 88RD ST~~	4.3 STREET ADDRESS	4010 Newberry Rd. Suite A
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	32607
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	POOLEY, ROY	5.2 NAME	
STREET ADDRESS	1960 RIVER BLUFF RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HOWETT, DOROTHY	6.2 NAME	
STREET ADDRESS	9455 SW 145 PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Catherine DeLany Catherine DeLany 3/25/95 (904)786-7574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024040